MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

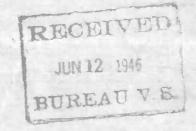
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 94

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-	Diet	No	3

	A Sist. Mo
1. PLACE ON DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town Port Republic	State Eliza county Franklin
(If outside city or town limits, write RURAL and give nearest town) How long in shore place of death?	City or town. (If outside city or town limits, write RURA), and give nearest town)
How long in endre place or dearn	Sireet No.
	(If rural, give LOCATION)
How long in hospital or Institution?	2.(a) If veleran, name war.
3. (a) FULL NAME	Adeson 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
TWW	20. DATE OF DEATH 6/9 1946 21 1/P N
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	s 19 19 19 19
7. Birth dute of deceased (mo., day, yr.) from 18, 18 76	and that I last saw h
8. AGE: Years Months Days It less than one day	Immediate cause of death OURATION
67 // 2/hrsmin.	
8. Birthplace (C) (Town, county, and state)	Due to
19. Usual occupation occupation	
11. Industry or business	Due to
12. Name Language 12. Name Language 13. Birthplace 13.	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name classofted, Peffer 15. Birthplace Velass	
E 15. Birthplace Villas	Major findings of operations
16. Interment C. L. Clindrick	Autopsy results.
Address 6301 16k 41 MW. will de	PHYSICIAN: Please underline the cause to which death about be charged statistically.
17 Bissey Date thereof	22. VIOLENCE: It death was due to external causes, fill in the following;
(Burial, eremation, or removal) Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur? (City or town) (County) (State)
Location Daltament on A	Injured at home, farm, industry, public place (where?)
18. Funeral director	Means of Injury Injured at work?
Address Washington, D.C.	23. SIGNATURE SULVACES
19 6. 9 19 46 N. W. Ward	Z3. SIGNATURE M. D. or other
(Date rec'd by registrar) Registrar	Addrisee Date signed



2411 N. Charles St., Baltimore

2411	N.	Charles	St.,	Baltimore	(32)

0	(832)				

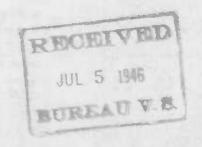
CERTIFICAT	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanes give residence of mother) State
City or town(If outside city or town limits, write RURAL and give nearest town)	City or town of of Regentle
How long in above place of death?	(If outside city or toy limits, writs RURAL and give nearest town)
How long in hospital or institution?	(If rural, give LOCATION) 2.(α) It veteran, name war
3. (a) FUAL NAME	3. (b) Social Security Number
Livings (. 120 we	u
4. Sex 5. Color or rag 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF BEATH. 6/38 14/6 at 7/17 Pm
6.(b) Name of husband or wite frances U.I. Bower	21. I CERTIFY that death occurred on the date above stated; that I altended deceased from
7. Birth date of March 2 1093	and that i last saw h
8. AGE: Years Months Days If less than one dayhrsmin.	Impediate cause of death fremunt ege 2 hs
9. Birthplace	Due to
1D. Usual occupation for Ecept	Due to
11. Industry or business 12. Name Veldor C/Breevel 13. Birthplace	Dther conditions
	(Include pregnancy within 8 months of death)
14. Maiden name Cairce U, Erre S 15. Birtholage USCA O	Major findings al operations
16. Informant John & Brown	Antopsy results
Address St. Lemandy	22. VIOLENCE: If death was due to external causes till in the following:
17. (BurnH, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide.
Cemetery or crematory	(City or town) Injured at home Tim, industry, public (where?)
Location	Means of Injace Lealers Comments work?
18. Funeral director	flectand
	20 100 M.D. W. 1/1/1/6
19	Address. Date signed

(H) MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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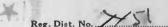


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MARYLAND STATE DEPARTMENT OF HEALTH



2411 N. Charles St., Baltimore CERTIFICATE OF DEATH



oct age		FE OF DEATH Reg. Dist. No.
tion carefully. The correct clearly and legibly.	1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infinite give residence of mother) State
m of information auses of death cle	3. (a) FULL NAME John L. Culp St. 4. Sex 5. Color or race M. Married M. Married M. Married	3. (b) Social Security Number MEDICAL CERTIFICATION 20. DATE OF DEATH
ADING INK. Supply every item Physicians: please write the cau	8. (b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 10. 19. and that I last saw h. 19. 19. Immediate cause of death Due to
, WITH UNF,	11. Industry or business 12. Name	Dither conditions
PLEASE WRITE PLAINLY is especial!	Address 1T	22. VIOLENCE: If death was due to external causes, till in the following: Accident, suicide, or homorde

RECEIVED 101.10 1946 RUREAU V.S. 2411 N. Charles St., Baltimore (i)

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CERTIFICATE OF DEATH

1				-1
~	Reg.	Diat.	No.	21

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Md, County Calvert
City or town	State County
(If outside city or town limits, write RURAL and give nearest town)	(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No
	(If rural, give LOCATION)
	2.(a) It veteran, name war
How long in hospital or institution?	
3. (a) FULL NAME gip orah Dale	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
	BC
FI C X	20. DATE DE DEATH
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
U.(V) Hame of Hassana of Attorney	may 15 19 46 to June 8 18 46
7. Birth date ot 200 - 200 / 2 1 2 5 5 5 5	and that I last saw halive on
deceased (mo., day, yr.) March, 13, 1855	
Recease (med any)	Immediate cause of death
8. AGE: Years Months Days It less than one day	
91hrsmin.	blank failure
9. Birthplace	Due to
(Town, county, and state)	
1D. Usual occupation	Taleum selentir C.V. a.
FD. GORET GOORPHITOTHE	Due 10.
11. Industry or business	
# 12. Name arthur King	Diber conditions — abelia
E and	
	(Include pregnancy within 3 months of death)
14. Malden name	
E 14. mainen name	Major fiadings of operations.
≥ 15. Birthplace	Date of op.
Ostral Cartial	Autopsy results
16. Informant	PHYStCIAN: Please anderline the cause to which death should be charged statistically.
Address Bowlers	
	22. VIOLENCE: If death was due to external causes, till in the following:
17. Burial Burial cremation, or removal. Which?) [Burial cremation, or removal. Which?] [Burial cremation, or removal. Which?]	Accident, suicide, or homicide
(Buriai, cremation, or removal. Which?)	
Cemetery or crematory Carrie Carrie	Where did injury occur?
0004	Injured at home, tarm, Industry, public place (where?)
Location Calcally	
18 Funeral director 7.5 Ex Secure 18	Means of Injury Injured at work?
18. Funeral director.	
Address Prince Trecherocht	of Itallared M.I)
	- 23. SIGNATURE M. D. or other
6-11 . Je 1. Waris	() tooks it () ()
19. Registrar	Address Date signed Date signed

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING



1. PLACE OF DEATH:

How long in above place of death?.. Hospital, Institution, or street add

How long in hospital or institution 3. (a) FULL NAME

6.(6) Name of husband or wife

5. Color o

4. Sex

7. Birth date of deceased (mo., day, yr.)

9. Birthplace

10. Usual occupation..... f1. Industry or business

f3. Birthplace f4. Maiden name... 15. Birthplace

(Burial, aremation

Cemetery or crematory ... Location 18. Funeral director...

(Date rec'd by registrar)

f6, Informant. Address

Address

8. AGE:

MARYLAND STATE DEPARTMENT OF HEALTH



2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Pelicent	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
daland	State md County Calvert
or town limits, write RURAL and give nearest town)	0. 1.0 2
	City or town (1f outside city or town limits, write RURAL and give nearest town)
ess where death occurred:	Street No
	(If rural, give LOCATION)
	2.(a) If veteran, name war
aires C. Jones.	3. (b) Social Security Number
r race 8.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
2. X	43
	20. DATE OF DEATH. 4 7 M
long Jones	2f. I CERTIFY that death occurred on the date above staled; that I attended deceased from
6.(c) If alive, give age	6 9 C6 19 E, to
	and that I fast saw k Amailye on
4	Immediate cause of death DURATION
ths Days If less than one day	Gulla Remonhage
hrsmin.	
	Due fo.
(Town, county, and state)	
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	Due to
un 12 apresi .	
- 4	Dther conditions
Point (aldert Co. Md.	(Include pregnancy within 3 months of death)
rdora Gross	Major fiudiugs of operatious
14	Major findings of operations
0	
The your	Autopsy results
to Paris, ma	
Date thereof 6-16-46	22. VIOLENCE: If death was due to external causes, fill in the following:
Date thereof	Accident, suicide, or homicide
+ Edmonds	Where did injury occur?
in at	tnjured at home, farm, industry, public place (where?)
2 0 0	Maens of injury. Injured at work?
- La Secreta	
une Fred mick ind	- Land RXI
41 7/18 piel 7/0 / 5	23. SIGNATURE M. D. or other
19 4 6 Wigal arkeulir	Address Date signed b

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1 DIACE OF BELTH

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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Reg. Diat. No.

County Calvert	(For newborn infants give residence of mother) State County California		
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:	City or town. (If outside city or town limita, write RURAL and give nearest own) Street No. (If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME John E. Machell	3. (b) Social Security Number		
4. Sex U 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH SUM 3 19 46 21 6 4 M		
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
7. Birth date of			
deceased (mo., day, yr.) / - 2-5 - 1869	Immediate cause of death		
8. AGE: Years Months Days If less than one day	Hemop Ties		
9. Birthplace	Due to. Pulmonary Tulerallars Due to.		
11. Industry or business 12. Name fames Mackall 13. Birthplace Md	Other conditions		
14. Maiden name	(Include pregnancy within 8 months of death) Major findings of aperations.		
16. tnformant Alonga Mackall	Autopsy results		
Address Acutinglocus, Md. 17 Burial (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide		
Cemetery or crematory Jalux ant	Whera did injury occur?		
Location Culvest.	Injured at home, farm, Industry, public place (where?)		
18. Funeral director Sevel	Msens of Injury Injured at work?		
Address Prince Fregerick	23. SIGNATURE X de dellanese		
19. Are 5 19 /6 W Ward (Date rec'd by registrar) Registrar	Address Prince Truler de Date signed Augus		



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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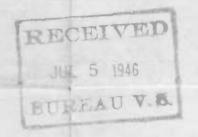
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

U5801 20 Reg. Dist. No. 52

City or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME Saroh. K. Mendelson	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Wellowed	MEDICAL CERTIFICATION 20. DATE OF DEATH 27 James 19 46 at 2 7 M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 26
10. Usuat occupation. 11. Industry or business 12. Name. 13. Birthplace 14. Maiden name. 15. Birthplace Russia.	Dither conditions (Include pregnancy within 3 months of death) Major findings of operations Date of op.
16. Informant Olfred 5 mendelson Address 440/ Sheriff Rd. Wash DC	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to externat causes, fill in the following;
(Burial, cremation or removal, which?) Cemetery or grematory Leveller Leveller	Accident, suicide, or homicide
18. Funeral director Labely June Hamel Address 42/7-94 St Wash, D. C. N.	Means of Injury Injured at work? M. D. or other,
19. (Oate rec'd by registrar) Registrar	Address Autelingtown Date signed 27 Juny Y



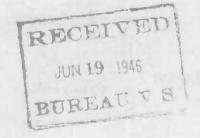
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (80)

CEDTIFICATE OF DEATH

CERTIFICA	Reg. Diat. No.
County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newboru Infants giveyesidence of mother) State
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH. 6 1946 at 7/10 A.N.
6. (b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19
8. AGE: Years Months Days If less than one day Months Days If less than one day Months Mont	Immediate cause of death DURATION DURATION
9. Birthplace	Oue to
11. Industry or business 12. Name	Dither conditions.
14. Maiden name Zleie bottile 15. Birthplace Leady	(Include pregnancy within 3 months of death) Major findings of operations
18. Informant There Collecte Address	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Cemetery or crematory.	Accident, suicide, or homicide Date of Old Where did injury occur? (City or town) (County) (State)
Location appeal med 18. Funeral director ans white	Injured at home, farm, Industry, public place (where?)
19. 6-18 19.46 DV Ward (Date rec'd by registrar) Registrar	23. SIGNATURE M. D. or other Address Date signed

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING VS A15



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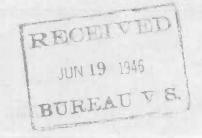
VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 100



1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME.	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, wildowed or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH
6.(b) Name of husband or wife	19
7. Birth date of	and that I last saw it
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day hrsmin.	Immediate cause of death OURATION OURATION
9. Birthplace(Town, county, and state)	Due to
1D. Usual occupation	Due to
11. Industry or business	
12. Name Very 13. Birthplace Very	Other conditions
# ? love (orfale)	(Include pregnancy within 3 months of death)
14. Malden name	Major findings of operations
16. Informant the Whorle	Antopsy results
17. Date thereof. 6 - 18 - 46 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Cometery or crematory Location Cas peul Ma	where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?)
18. Funeral director. Cames White	Meens of Injury Injured at work?
Address Coster, ma	23. SIGNATURE TO SIGNATURE
19. 6-18 19 76 IX W Wars (Date red d by registrar) Registrar	M. D. or other



MARYLAND STATE DEPARTMENT OF HEALTH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

2411 N. Charles St., Baltimore 9370

			15
Reg.	Dist.	No.	52

1. PLACE OR DEATH: County Coloraby City or form. 2. USUAL RESIDENCE (140 ORD CREASED: City or form. City or form. 3. (a) FULL NAME 3. (b) Social Security Number Charles 5. Color or rare 6. (c) It saling give a solution of the debter show death occurred. The bring has been death occurred. 5. Color or rare 5. Color or rare 5. Color or rare 6. (c) It saling give a solution of the debter show death occurred. The bring has been death		
City or town Character (It outside of ty or town limits, write RURAL and give nearest town) Rev long in above give of death? Rev long in above give of death? Rev long in above give of death occurred: Rev long in above give of death occurred on the data above staled: that I although deceased from day, y.j. of death occurred on the data above staled: Rev long in above give of death. Rev long in above give of death occurred of death. Rev long in above give of death occurred of death. Rev long in above give of death. Rev long in above give in above give of death occurred of death. Rev long in above give in above give in a the following: Rev long in above give in above give in above give in a the following: Rev long in above give in above give in above give in above give in a the following: Rev long in above give in above give in above give in above give in a the following: Rev long in above give	0 0 +	2. USUAL RESIDENCE (HOME) OF DECEASED:
The cutside city or town limits, write RURAL and give nearest town) Rive long in about place of death? Respiral, institution, or street address where death occurred: Sirred No. Sirre	DOMET	(For newbore lotants give residence of mother)
ther fonce in marre place of death?	City or town	State County Cause
Siret No. Siret No. City or race City or		(If outside city or town limits, write RURAL and give negreat town)
New long in hospitul or institutions? 2.(a) If relevan, name war. 3.(b) Social Security Number Ch arles Ch arle	Hospital, Institution, or street address where death occurred:	
3. (a) FULL NAME Charles Orber 1. See S. Cole or race S. (a) Single, married, videwed, or directed M. D. Date of Death S. (b) Hame of hurband or wife M. D. T. Birth date of secured (mon. day, r.) S. (c) It alire, give age S. (d) It alire, give age S. (d) It alire, give age S. (e) It alire, give age S. (e		
4. See S. Color or race S. (a) Single, married, widewed, or divorced M. S. Color or race C. S. (a) Single, married, widewed, or divorced M. S. Color or race C. S. (a) Single, married, widewed, or divorced M. S. Color or race S. (a) Single, married, widewed, or divorced M. S. Color or race C. S. (a) Single, married, widewed, or divorced M. S. Color or race C. S. (a) Single, married, widewed, or divorced M. S. Color or race C. S. (a) Single, married, widewed, or divorced M. S. Color or race C. S. (a) Single, married, widewed, or divorced M. S. Color or race C. S. (a) Single, married, widewed, or divorced M. S. Color or race C. S. (b) It alive, give age S. (c) Years and that I sat saw h. L. A. (a) S. S. (b) It alive, give age S. (c) Years and that I sat saw h. L. A. (a) S. S. (b) It alive, give age S. (c) Years and that I sat saw h. L. A. (a) S. S. (b) It alive, give age S. (c) Years and that I sat saw h. L. A. (a) S. S. (b) It alive, give age S. (c) Years and that I sat saw h. L. A. (a) S. S. (c) It alive, give age S. (c) A. (b) I sat saw h. L. A. (a) S. S. (c) It alive, give age S. (c) A. (c) S. S. (c) It alive, give age S. (c) A. (c) S. S. (c) It sat saw h. L. A. (a) S. S. (c) It sat saw h. L. A. (a) S. S. (c) It sat saw h. L. A. (a) S. S. (c) It sat saw h. L. A. (a) S. S. (c) It sat saw h. L. A. (a) S. S. (c) It sat saw h. L. A. (a) S. S. (c) It sat saw h. L. A. (a) S. S. (c) It sat saw h. L. A. (a) S. S. (c) It sat saw h. L. A. (b) S. S. (c) It sat saw h. L. A. (c) S. (c) S	Now long in hospital or institution?	2.(a) If veteran, name war
4. See 5. Color or race 8. Color of race 9. Color of race	3. (a) FULL NAME	3. (b) Social Security Number
MEDICAL CERTIFICATION (b) Rame of husband or wife	Charles Oarber	
6.(b) Rame of husband or wife	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
5.(b) Hame of hurband or wife	m C married	20 DATE DE DEATH June 1 10 46 at
1. Birth dale of secesed (mo., day, yr.) 8. AGE: Years Months Days It less than one day 9. Birthplace A. A. T. A. T. M. A. T. M. A. T. M. M. M. Due to. 11. Industry or business 12. Name J. S. A. C. C. T. A. M.	Matilda Parker	
T. Birth dale of deceased (mo. day, yr.) T. Birth dale of deceased (mo. day, yr.) T. Birth dale of deceased (mo. day, yr.) S. AGE: Years Months Days It less than one day (Town, cousty, and state) 10. Usual occupation. 11. Industry or business 12. Name. T. S. J. C. C. V. K. C. R. 13. Birthplace 14. Maiden name. 15. J. J. C. R. 16. Intermet Address 17. (Invisit, cremation, or removal, Which) Date thereof. Date of op. Autopsy results. PHYSICIAN: Please underline the cause to which death shoold be charged statistically. Accident, suicide, or hombide. Date of op. Accident, suicide, or hombide. Date of where? Date of injury decerving. Main that I last saw h. L.		10 -10 -11
## Becaused (mo. day, rr.) June 188	7. Right dale of	
8. AGE: Years Months Days It less than one day (a)	deceased (mo., day, yr.) June 1 1863	
9. Birthplace. A third in Md. (Town, coucty, oad state) 10. Usual occupation. 11. Industry or business 12. Name.	8. AGE: Years Months Days It less than one day	myrearditis (Chimie)
10. Usual occupation. 11. Industry or business 12. Name. 13. Birthplace 14. Maiden name. 15. Birthplace 16. Informant Address 16. Informant 17. Devial (Burial, cremation, or removal. Which) Cemetery or crematory 18. Funeral director 18. Funeral director Address 19. Jurial 19. J	6/ 0 0hrsmin.	
10. Usual occupation. 11. Industry or business 12. Name. 13. Birthplace 14. Maiden name. 15. Birthplace 16. Informant Address 16. Informant 17. Devial (Burial, cremation, or removal. Which) Cemetery or crematory 18. Funeral director 18. Funeral director Address 19. Jurial 19. J	9 Birtholace Lothidn Md.	Que to artinoscurris,
11. Industry or business 12. Name	(lown, couety, end state)	C Man Man A
11. Industry or business 12. Name	10. Usual occupation FJY the Mdh L	
14. Maiden name. 15. Birthplace 16. Intermant. Address 17. Davial. (Burial, cremation, or removal. Which?) Cemetery or crematory. Location. Location. Location. Location. Address Location. Address Location. Address Location. Location. Address Location. Address Location. Locat	11. Industry or business	
14. Maiden name. 15. Birthplace 16. Intermant. Address 17. Davial. (Burial, cremation, or removal. Which?) Cemetery or crematory. Location. Location. Location. Location. Address Location. Address Location. Address Location. Location. Address Location. Address Location. Locat	12. Name I Sude Parkler	Other conditions.
14. Maiden name. 15. Birthplace 16. Informant Address 17. Davial (Burial, cremation, or removal, Which?) Location Location Location Location Address Location Location Location Location Address Location Locatio	13. Birthplace Lotheste Med.	
16. Informant		(Include pregnancy within 8 months of death)
16. Informant	14. maileen name.	Major findings of operations.
Address Survey To Survey (Burial, cremation, or removal. Which?) Cemetery or crematory. Location. Locati		Date of op.
Address 17 Durisl, cremation, or removal. Which?) Cemetery or crematory. Adams Market Marke		
17 (Burial, cremation, or removal, Which?) Cemetery or crematory. Address Location. T. A. Hurdisty & S. Address Solvable had: 19. Larre 4 19 46 Mm. J. French 1	Address Salesville lend	
Cemetery or crematory. Address Location Locatio	17 Osurial Pale thereof 6/5-/46	
Location Loc	(Burial, cremation, or removal. Which?) (month) (day) (year)	
18. Funeral director T. A. / furchety & So. Address Solverble had: 19. June 4 19 46 hm. J. French 23. SIGNATURE Link M. D. or other	Cemetery or crematory adams	Where did injury occur?
Address Solvanle Ind: 23. SIGNATURE Fruit H. Wilson 19. June 4 19 46 Wm. J. French 24. SIGNATURE Fruit H. Wilson 19. June 4 19 46 Wm. J. French 19. June	Location dothis ud.	Injured al home, tarm, industry, public place (where?)
Address Solverble hid: 19. June 4 19 46 km. J. French 23. SIGHATURE Fruit H. Welson M. D. or other	18 Emporal director T. A. Hardisty & Son	Means of Injury Injured at work?
19 June 4 19 46 Wm. J. French 1 1/11 200 M. D. or other	0, 11	6 'A 11 1. line
19 June 4 19 46 WM. J. French	Address Johnson Man	[40, VIVIA VIL.
(Mate rec'd by registrar) Date signed Date signed Date signed	19 June 4 19 46 um. 4. French	
	(Mate rec'd by registrar) Registrar	Address Date signed 13/4.6.

JUN 5 1946
BUREAU V.B.

WATER DANKER

To the last of the

PLEASE WRITE PLAINLY, is especially

MARGIN REPERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

,	CPARTMENT OF HEALTH (15805)
CERTIFICAT	TE OF DEATH Reg. Dist. No. 52
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME Mass / William Pulls	nbercer 3. (b) Social Security Number
4. Sex 5. Solor or race 6.(a) Single, married, widowed, or divorces 1 7 7.	MEDICAL CERTIFICATION 20. DATE OF DEATH 6/29 19/6 at 1120 p
8.(3) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from
7. Birth date of deceased (mo., day, yr.)	and that I last saw h
8. AGE: Years Months Days If less than one dayhrsmin.	Drown -
9. Birthplace Mountain grove Val (Town, county and state)	Due to.
1D. Usual occupation.	Due to
11. Industry or business 12. Name John + Sellison 13. Birthplace Frost H. Va	Other conditions
14. Malden name Brassie Byrd. 15. Birthplace	(include pregnancy within 3 months of denth) Major findings of eperations.
18. Informant Dorothy A. Guilso Address / 7/8 / 9th St H. U. D.	Autopsy results PHYSICIAN: Please underline the eause to which death should be charged statistically.
17. Buttan Date thereof July 3 46 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide.
Cometery or crematory. Location Mountain Grove 2	Where did injury occur?
18. Funeral director Tela Funerals Hame	Means of injury Drowing injured at work?
Address Mash. DC.	23. SIGNATURE A MICHAEL
19. Alexel 31 19 46 Skall 6 Hetchel	Address Devices UCG Bota standed 30/46



VS A15

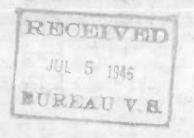
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

115811621 Reg. Dist. No. 52

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
How long in above place of death?	City or town
8. (a) FULL NAME Baley girl Juil.	3. (b) Social Security Number
4. Sex 5. Color or rate 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH 8 19.76 at 7 7 M
8.(b) Name of husband or wife	27. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 10. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19
8. AGE: Years Months Days If less than one day 3hrsmin.	Due to Duration
(Town, county, and state) 10. Usual occupation	Bue to
12. Name Oliveth Juith 13. Birthplace Whiles	Other conditions
18. Intermant	Autopsy results
Address 17. Buttlal (Burial, cremation, or removal, Which) Date thereof. (month) (day) (year)	22. VfOLENCE: If death was due to external causes, flit in the following; Accident, suicide, or homicide
Location Summer Land Jack Land Land Land Land Land Land Land Land	Where did Injury occur?
Address Sunderland	23. SIGNATURE Holes M. D. or other Address Hallinglow Bate signed Man 46.



VS A15

Evidence for change of age MARYLAND STATE DEPARTMENT OF HEALTH of deceased is shown on

2411 N. Charles St., Baltimore (RD)

-				-
	Reg.	Dist.	No.	

TUM NO. TO G ALIC 1 G 104C	Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	City or town. (If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No
How long in hospital or institution?	2.(a) If veteran, name war
Rooswelt J. White	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Single	MEDICAL CERTIFICATION 20. DATE OF DEATH 18 4 19 19 19 19 19 19 19 19 19 19 19 19 19
B.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
7 Ai	19, to
7. Birth date of 8.(c) If alive, give age years	and that I last saw h
deceased (mo., day, yr.) Oct 1/1 1942	Immediate cause of death
8. AGE: Years Months Days If less than one day	Brund to leath
2 3hrs,min.	
9. Birthplace(Town, county, and state)	Due to
10. Usual occupation	
11, Industry or business	Due to.
	Dither conditions
12. Name albut Dougle 13. Birtholace	
14. Maiden name. Elsie White 15. Birthplace	(Include pregnancy within 8 months of death)
S 15 Birthnian My	Major findings of operations.
16. informant There toleste	Autopsy results
Address Coston	PHYSICIAN: Please underline the cause tu which death should be charged statistically.
17 Date thereof 6-18-46	22. VIOLENCE: It death was due to external causes, till la the tollowing:
(Burial, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur? (City or town) (County) (State)
Location appeal ma	Injured at home, farm, industry, public place (where?)
18. Funeral director. White	Means of injury injured at work? I had
Address Of the ma	23. SIGNATURE
19. 6-18 19. 46 The Color Registrar Registrar	M. D. or other
II.	Addition and the signed and the sign

JUN 19 1946
EUREAU V S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 167

CERTIFICATE OF DEATH

#48 15818 Reg. Diat. No. 5/

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED: (For previous figures of state of s
City or town	State County County
(If outside city or town limits write RURAL and give nearest town)	City or toww
Hospital, institution, or street address where death occurred:	Street No. 1243-5343140
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FILL NAME 1	3. (b) Social Security Number
Julian Wilson	
4. Sex 5. Color or race S.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20, DATE OF DEATH. 6 196 at 9 P N
6.(b) Name of husband or yelloway Wales	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	19 10 19
7. Birth date of deceased (mo., day. yr.) Chul 2 9/19 2 2	and that I test saw h
8. AGE: Years Months Days If less than one day	Head on open
9. Birthplace.	Due to
10. Usuat occupation (Town, county, and atate)	
11. Industry or husings O	Due to
12. Name	Other conditions
	(Include pregnancy within 3 months of death)
14. Malden name 15. Birthplace 15. Birthplace	Majer findings of operations
16. Informant Indiseny Walton	Antepsy results
Address 1243-5 the Stylback, SK	PHYSICIAN: Please underline the cause to which death should be charged statistically.
(Burial, cremation, or removal. Whise) Date thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill-lighthe following: Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur (City or wm) (County) (State)
Location	Injured at home, farm, industry, public place (where at Manne of Injured at work?
1B. Funeral director	Means of Information and Infor
Address france feeding	23. Sparrous M. D. ex other
19 (Date rec'd by registrar) 19 Registrar	The vices of a state of a

